



RISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Richard W Wright Date of Request: 25 Feb 05
ID # 187140 Date of Birth: 13 Aug 05 Location: 19 Cell (Seg)

Nature of problem or request:

Need head X-ray Constant head eches, Cream for
rash from shaving with profile

Richard W Wright Sr
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
Time: AM PM
Allergies:

RECEIVED
Date: <u> </u>
Time: <u> </u>
Receiving Nurse Initials <u> </u>

(S)ubjective

(O)bjective

(A)ssessment

(P)lan:

FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTO COPIED

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Richard W Wright Date of Request: 24 Feb 05
 ID # 187140 Date of Birth: 15 Aug 67 Location: 19 Cell Sec
 Nature of problem or request: Need an X-RAY due to having
Continual Head aches, need some type of
anti-biotic cream For shaving mask with a
shaving profile

Signature

DO NOT WRITE BELOW THIS LINE

Date: 2/25/05
 Time: 0515 AM PM
 Allergies: NKA

<p>RECEIVED</p> <p>Date: <u>2/25/05</u></p> <p>Time: <u>0515</u></p> <p>Receiving Nurse Initials <u>PK</u></p>
--

(S)ubjective: "I need to have Xrays done of my head
because I have headaches all the time

(O)bjective BP 120/80 P- 76 R-16 T- 98.8
wt,

(A)ssessment: Alteration in comfort

(P)lan: See mo

FOR PROFESSIONAL USE ONLY
 CONFIDENTIAL RECORD
 NOT TO BE PHOTO COPIED

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE (☒) EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

Gloria Rogers RN
 SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Richard Wright Date of Request: 22 Feb 05
ID # 187140 Date of Birth: 15 Aug 67 Location: 19 Cell 524
Nature of problem or request: I need some type of
cream for shaving rash and bumps
and an X-RAY because I'm having
continual head aches and dizziness
Richard W Wright Jr
Signature

DO NOT WRITE BELOW THIS LINE

Date: 2/23/05
Time: 0515 AM PM
Allergies: NKA

RECEIVED
Date: <u>2/23/05</u>
Time: <u>0515</u>
Receiving Nurse Initials <u>PK</u>

(S)ubjective: "I need some cream for my face I have a razor
bumps"

(O)bjective B 120/70 P-78 R-16 T-98.8

(A)ssessment: alteration in comfort

(P)lan: see MD

**FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTO COPIED**

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE (☒) EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

Maria Regan RN
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Richard W Wright Date of Request: 19 Feb 05
ID # 187140 Date of Birth: 15 Aug 67 Location: 19 Cell 5eq
Nature of problem or request: I been having head ache

Richard W Wright Jr.
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
Time: AM PM
Allergies:

RECEIVED Date: _____ Time: _____ Receiving Nurse Initials <u> </u>
--

(S)ubjective

(O)bjective

(A)ssessment

(P)lan

**FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTO COPIED**

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



ALSON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Richard Wright Date of Request: 5 Feb 05
ID # 187140 Date of Birth: 12/21/79 Location: 19 cell 899
Nature of problem or request: Head aches need anal
down on tissue down in air out

Richard Wright
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
Time: AM PM
Allergies:

RECEIVED
Date: <u> </u>
Time: <u> </u>
Receiving Nurse Initials <u> </u>

(S)ubjective

(O)bjective

(A)ssessment:

FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTO COPIED

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: William, Robert Date of Request: 11-15-2005
 ID # 20116 Date of Birth: 11-27 Location: 1337-29
 Nature of problem or request: During regular sick call I've
been told that I can't go to the infirmary from me being exposed
to the hepatitis virus. How can I get the rest
of the hepatitis virus? I refuse when I was
going to get the virus from blood. William W. Smith Jr.
 Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

<p align="center">RECEIVED</p> <p>Date: _____</p> <p>Time: _____</p> <p>Receiving Nurse Initials _____</p>

(S)ubjective

(O)bjective

(A)ssessment:

FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
 NOT TO BE PHOTO COPIED

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Richard Wright Date of Request: JAN 24, 2005
 ID # 187140 Date of Birth: 8-15-67 Location: 15 Cell
 Nature of problem or request: Infected Finger, Stomach
Pains, Suffering From headache and
rash in penis area.

Richard W Wright Jr.
Signature

DO NOT WRITE BELOW THIS LINE

Date: 01/28/05
 Time: 0530 AM PM
 Allergies: None

RECEIVED	
Date:	
Time:	
Receiving Nurse Initials	

(S)ubjective My finger is swollen & it hurts.

(O)bjective Inmate in reg. States finger hurts, no
swelling noted. States stomach hurt real bad.

(A)ssessment: Allergic in contact 20 pain

(P)lan: No see no

FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTO COPIED

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ☐
 If Emergency was PHS supervisor notified: Yes ☒ No ☐
 Was MD/PA on call notified: Yes ☐ No ☐

[Signature]

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
 YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Richard W Wright, Sr. Date of Request: 21 Dec 04
ID # 187140 Date of Birth: 15 Aug 67 Location: 4 cell 5eg)

Nature of problem or request:

I would like to know the cause for me having the following symptoms: head aches, stomach pains, constantly passing gas, irregular heart beat.

Richard W Wright

Signature

DO NOT WRITE BELOW THIS LINE

Date: 12/23/04
Time: 5:00 AM PM
Allergies: NRDA

RECEIVED	
Date: <u>12-23-04</u>	
Time: <u>5:00</u>	
Receiving Nurse Initials	<u>AT</u>

(S)ubjectives

Bp 120/80 P. 92 . 18 Temp 98.2
I am having Headache, Stomach pain irregular heart beat.

(O)bjective

Do Seg inmate sitting on bench. no acute distress noted - VS. within normal limits. inmate note eating or taking medication.

(A)ssessment:

in y. c. r. a
prison, am

12/23/04 - wine.

(P)lan:

See MD in am today

Mr. Tygh, Marlon
Rin

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ()

If Emergency was PHS supervisor notified: Yes ()

Was MD/PA on call notified: Yes ()

NOT FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTO COPIED

L. Anderson Jr.

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC. **SICK CALL REQUEST**

Print Name: Richard Wright Date of Request: 16 Dec 04
 ID # 187140 Date of Birth: 15 Aug 67 Location: 4 cell
 Nature of problem or request: I'm having stomach aches (pain) when I have bowel movement I see spots of blood on the tissue. What will cause a burning sensation when I piss.
Richard Wright
 Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

RECEIVED	
Date:	
Time:	
Receiving Nurse Initials	<u> </u>

(S)ubjectives

(O)bjective

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
 NOT TO BE PHOTO COPIED

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



Seg - Cell 4
PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Richard Wright Date of Request: 14 Dec 04
ID # 187140 Date of Birth: 15 Aug 67 Location: 4 Cell
Nature of problem or request: Having stomach pains
head aches, passing gas constantly, Heart
irregular beating sometimes

Richard W Wright
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
Time: AM PM
Allergies:

RECEIVED
Date: <u> </u>
Time: <u> </u>
Receiving Nurse Initials <u> </u>

(S)ubjectives

"My Stomach hurts"

(O)bjective

*Inmate lying on bunk in seg, states
just don't feel good*

(A)ssessment:

Allergic in report 2° Headache

(P)lan:

To place in basket for Dr. to see

Refer to: MD/PA Mental Health Dental Daily Treatment

Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

J. M. Jones

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTO COPIED